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ABSTRACT

This paper discusses the results of a study that investigated the effectiveness of a demonstration program designed to provide in-home intervention with parents and children in families with substance abuse issues. The goals of the program were to prevent further child abuse or neglect, prevent family breakdown and child placement, and facilitate substance abuse treatment for caregivers. Data were collected on 138 participating families referred to the program by the local public child welfare agency or from a hospital-sponsored drug treatment center that treated many parents living in the program's catchment area. Findings from the study underscored the challenges of assisting parents who are at high risk for child maltreatment to accept and sustain addictions treatment. While the program was successful in encouraging a large number of parents/caregivers to enter substance abuse treatment programs, the treatment dropout rate was high, particularly among those who did not avail themselves of additional support from the day care program. On the other hand, 67 percent of participants either completed treatment, or dropped out and returned to treatment while participating in the demonstration program. (Contains 12 references.) (CR)

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Evaluation of an Intensive In-home Services Program Aimed at Parents with Substance Abuse Issues Reported for Child Maltreatment

Authors

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Introduction

Over the past decade, child protective services across the country have experienced an increase in reports of alleged child abuse and neglect. Researchers and others working in the child welfare field agree that one of the most important factors in skyrocketing protective services caseloads is an increase in parental substance dependence, particularly on crack cocaine (Curtis & McCullough, 1993). The Children's Defense Fund (1994) has found that parental substance abuse is a factor in 75% of foster home placements. Consequently, substance abuse and dependence has become the "dominant characteristic" in child welfare caseloads in twenty-two states and the District of Columbia (Besharov, 1989).

While there is widespread concern over the impact of parental substance dependence on the psychosocial development of children and the attendant risk of child maltreatment and family breakdown, little attention has been paid to developing and testing interventions to prevent family deterioration and negative child outcomes in families with a history of substance abuse. Few addictions treatment programs are aimed at the special needs of parents with alcohol and drug dependence who have children. Further, child welfare workers&endash;those most likely to come in contact with parents with substance abuse issues and have leverage to encourage treatment&endash;do not usually possess the knowledge or training required to intervene successfully with families that are drug involved.

In an effort to address the unmet needs of parents and children in families with substance abuse issues referred due to child maltreatment, a demonstration program was developed in one major metropolitan area to provide intensive in-home intervention with such families. Distal or outcome goals of the program were to: (1) prevent further child abuse or neglect, (2) prevent family breakdown and

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child placement, and (3) facilitate substance abuse treatment for caregivers. Proximal goals identified to enhance achievement of the outcome goals included: (a) increase parenting skills, (b) decrease levels of depression in substance-involved caregivers, and (c) enhance the cognitive and psychosocial development of children.

Method

Sample

Data were collected on 138 participating families referred to the program by the local public child welfare agency or from a hospital-sponsored drug treatment center that treated many parents living in the program's catchment area. Because of the location of the demonstration program in an impoverished, largely minority community, all participating parents or caregivers were African American, most were female, and 96% were receiving public assistance. Less than half of the participants were high school graduates.

Intervention

Prior research and clinical observation indicates that intensive emotional and concrete support can enhance the ability of parents with a history of substance abuse to seek and sustain addictions treatment (Nelson-Zlupko, Dore, & Kauffman, 1996). Maintenance of sobriety may result in improved parental mental health, thereby increasing the ability to engage in positive parenting, which, in turn, decreases child maltreatment and enhances child functioning.

Services provided in this demonstration program to help parents with a history of child maltreatment enter and sustain addictions treatment included: (1) in-home assessment, supportive counseling and referral by a substance abuse specialist; (2) linkages with substance abuse treatment programs; (3) developmental day care and respite for preschool children in referred families; (4) parenting education; (5) transportation; and (6) emergency funds, clothing, food, and other forms of concrete support.

Data collection

Data were collected from multiple sources including (a) clinician observation, (b) client self-report, (c) case record review, and (d) external reporters such as staff from drug treatment programs and the day care program. A mix of standardized instruments and project-developed survey forms were used. Standardized instruments included the following: (a) the Beck Depression Inventory (BDI), a widely-used measure of depression which was administered to the focal parent at three points in time; (b) the Adult-Adolescent Parenting Inventory (AAPI; Bavolek, 1984), a self-report inventory designed to identify inadequate and destructive parenting attitudes and behaviors; (c) the Denver Developmental Screening Test

behaviors; (c) the Denver Developmental Screening Test (Frankenberg & Dodds, 1967), an observer rating scale of child developmental status; and (d) the Behavior Checklist for Infants and Children (BCIC; MacPhee, Benson, & Bullock, 1988), designed to measure caregivers' perceptions of children's social relationships, compliance, dependency, conduct, and activity level.

Goal attainment data were extracted from the Family Service Description, a document mandated by the public child welfare agency, completed at intake and containing case-specific treatment goals. Demographic data and substance abuse history were collected at intake using project-developed forms.

Results

Intake Description

Sixty-four percent of the parents in this study identified crack as their drug of choice. Twenty-eight percent identified alcohol, while smaller percentages reported marijuana or PCP as their drug of choice. As has been reported in other studies of women and substance abuse, the parents/caregivers in this study often used drugs in combination, particularly crack, alcohol, and marijuana.

At program intake, 67% of parents/caregivers were accepting of the need for substance abuse treatment; 5% were willing to consider treatment but not yet ready to accept a treatment referral; 10% actively refused treatment; another 18% were willing to participate in ongoing counseling or support around their need to accept treatment.

Treatment Completion

At three months post-program entry, the point of the first assessment of treatment progress, 43% of parents/caregivers were active in an addictions treatment program; 3% had completed addictions treatment and were still active in the demonstration program; 28% had dropped out of addictions treatment but were still active in the demonstration program; and, 18% had dropped out of addictions treatment and out of the program. At each data collection point in the study&endash;three, six, and twelve months post-treatment entry&endash;4 to 6% of clients who had completed addictions treatment were known to be substance-involved again, while another 21 to 31% who had dropped out of treatment were substance-involved.

Adjustment and Skill

The BDI confirmed what other studies of this population have found: there are high rates of depression among clients of minority status living in poverty who have a history of child maltreatment (Sachs & Hall, 1991). At program intake, less than half the parents/caregivers scored within the normal range on the BDI. Thirty-five percent scored

the normal range on the BDI. Thirty-five percent scored within the range for mild depression; 11% showed mild-to-moderate depression, and 6% were moderately-to-severely depressed. At three months post-program entry, there was substantial, though not statistically significant, improvement on the BDI. Seventy-six percent of parents/caregivers scored within the normal range.

The AAPT, a measure of parenting behaviors, correlated highly with child maltreatment, between 38 and 48% of parents scored within the problem range on the four subscales of this instrument. These findings are consistent with other studies which have found that parents with a history of child abuse/neglect (a) often have unrealistically high behavior expectations for their children (Milner & Chilamkurti, 1991); (b) are less able to empathically understand their children (Belsky, 1993); (c) more often resort to physical punishment and punitive acts as control strategies (Whipple & Webster-Stratton, 1991); and (d) look to their children to meet their own unmet emotional needs. At three months post-intake, the percentages of parents scoring within the problem range on the four AAPI subscales were markedly lower.

The Denver Developmental Inventory (Denver II) and the BCIC were used to assess the psychosocial functioning of preschool children in participating families. Only those children who attended the developmental day care program were tested. At program entry, only 20% of children tested within normal developmental limits, 60% of the children's scores indicated below normal developmental functioning, and results for 20% of this group were questionable (i.e., exhibiting some developmental delays). By three months post-entry, 59% of children tested within normal limits on the Denver.

Parent Perspectives

On the BCIC, which measures parents' perceptions of their children's functioning, between 7 and 18% of children were viewed by parents as problematic depending on the dimension observed. For example, while only 7% of children were seen as exhibiting inappropriate dependency by parents, 18% were viewed as too aggressive, indicating behavior which may be more difficult for a single mother with drug problems to manage.

On the goal attainment scaling, agency caseworkers rated each family's progress on up to five problems addressed in treatment on a five-point Likert-type scale. At three months post-entry, 49% of problems addressed in treatment were slightly to much better; 51% were same or worse as at intake. By six months, these figures were 63% and 37% respectively; at twelve months, 73% and 27%.

Day Care Program Comparison

Families who participated in the day care component of the program (N = 71) had better outcomes than those who did not (N = 67). Sixty-five percent of parents/caregivers of children in the day care program completed addictions treatment as compared with just 16% of non-day care parents/caregivers ($p < .001$). Forty-one percent of day care families were discharged as meeting treatment goals compared to just 10% of non-day care families. In addition, children were removed to foster care from 34% of non-day care families as compared with 23% of day care families. However, these last two differences were not statistically significant.

Discussion

Findings from this study underscore the challenges of assisting parents who are at high risk for child maltreatment to accept and sustain addictions treatment. While the program was successful in encouraging a large number of parents/caregivers to enter substance abuse treatment, the treatment dropout rate was high, particularly among those who did not avail themselves of additional support from the day care program. On the other hand, 67% of participants either completed treatment, or dropped out and returned to treatment while participating in the demonstration program.

Current research indicates that many people with substance abuse issues, particularly women, experience several treatment episodes before maintaining sobriety. Participants in this demonstration program confirmed these findings. Sixty-nine percent had at least one prior experience in addictions treatment and a high percentage had two or more. Thus, even though 22% of clients (N = 30) entered and dropped out of treatment while participating in this demonstration program, these parents/caregivers are more likely to enter a treatment program in the future than those with no previous treatment experience.

Program success was not as apparent with regard to the goal of preventing family breakdown and preventing child placement. A child was eventually removed to out-of-home care for 28% of participating families (N = 30). There was a strong relationship between a parent or caregiver's refusal of substance abuse treatment and a child's removal from the home. It is not uncommon for an intensive intervention program such as this one to identify cases of child abuse or neglect that appear intractable to even the most focused and intensive intervention. That some parents/caregivers were offered an enhanced array of supports to facilitate addictions treatment, yet were unable to enter or sustain such treatment, suggests an unacceptable level of risk to children in the home. As has been demonstrated elsewhere, parent/caregiver addiction, particularly to crack-cocaine, is highly detrimental to parenting functions (Dore, Doris, & Wright, 1995).

The theory undergirding the enhanced supports offered parents with histories of substance abuse and child maltreatment in this demonstration program was that by increasing parenting skills, decreasing parent/caregiver depression, and enhancing the cognitive and psychosocial development of children, the incidence of future child maltreatment by participants could be reduced. As the review of findings indicates, there is evidence that parental attitudes and beliefs about both childrearing and levels of parent/caregiver depression improved over the first three months of active participation in the program. Results on the Denver II also suggest that, for those children who continued in the day care program over a three month period, there were significant developmental gains. This finding adds evidence that providing child care is crucial to enhancing both the probability that parents will seek and sustain drug treatment and promote developmental outcomes for their children. As current research has effectively demonstrated the interaction between child behavior and parent behavior in situations of child abuse, enhancing child functioning can only serve to decrease the risk of future maltreatment of these children.

In summary, findings with regard to effectiveness of this demonstration program cannot be stated with certainty because this was not a randomized study with a control group design. However, given what is known about treating the population represented by this sample of families with both substance abuse and child maltreatment issues, this program was successful in helping some participants make significant changes in their lives. There is no question that the families who participated in this demonstration program present with the most difficult problems facing families today. Poverty, lack of education and employment, substandard housing, and family and neighborhood violence, were present in addition to substance abuse for nearly all participating families. The mix of in-home counseling and support, linkages to addictions treatment, developmental day care, parenting education, transportation, and concrete services may be positive, effective combination in addressing the growing social problem of child maltreatment stemming from parental substance abuse.

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